	IPR – INSTITUTIONS FOR MENTAL DISEASE AGES 65 AND OLDER	FORM DM-9

Name	County Finance	Physician

Social Security Number	Date of Birth	Date of Admission	Type of Admission

Diagnosis	Primary	
	Secondary	
Physician Services	Admission Certification – MC-14 (Within 48 Hours)	
	60-Day Recertification	
Admission Evaluation (Within 30 days)	1. Medical	
	2. Psychiatric	
	3. Social	

PHYSICIAN'S PLAN OF CARE	YES	NO
1. Diagnosis		
2. Functional Level		
3. Objectives		
4. Orders:		
Medications		
Treatments		
Restorative and Rehabilation Services		
Activites		
Therapies		
Social Services		
Diet		
Special Procedures		
5. Plans for Continuing Care		
6. Plans for Discharge		
7. Annual Physical Examination		
8. Physician Monthly Medication Review		

PLAN OF CARE REVIEWED EVERY 90 DAYS	YES	NO
Medical		
Psychiatric		
Social		

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	YES	NO
Presence of Interdisciplinary Involvement		
Identification of Treatment Objectives		
Appropriate?		
Comments		
Identification of Program Elements (List in brief)		

	YES	ON
Does the charting indicate that the planned services are being delivered?		
Does the progress noted indicate reasonable improvement in the patient's condition?		
Is discharge planning present?		
If not, is reason stated?		
Behaviors/Care Needs Precluding Care in a Less Restrictive Environment		

REVIEW TEAM FINDINGS	YES	NO
Current placement in the facility is appropriate?		
Services rendered are adequate and responsive to the needs of the individual?		
Is change to other living arrangements indicated;		

Team Recommendations

Social Service Worker's Signature Sign Here ➤	Date Signed
Psychiatric Physician's Signature Sign Here ➤	Date Signed
Registered Nurse's Signature Sign Here ➤	Date Signed